

UNCLASSIFIED

RELEASED IN FULL

A15

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SAQMMAD8F4260

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	RAYTNS
2. AMENDMENT/MODIFICATION NO. M001	3. EFFECTIVE DATE 09/10/2008	4. REQUISITION/PURCHASE REQ. NO. AQ-1044805089	5. PROJECT NO. (if applicable)
6. ISSUED BY OFFICE OF ACQUISITION MANAGEMENT (A/LMAGM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219	7. ADMINISTERED BY (if other than Item 6) NAME Cornelius Pitts TEL. 703-875-8011 EMAIL PittsC@state.gov	8. PROJECT NO. (if applicable)	
9. NAME AND ADDRESS OF CONTRACTOR (No. street, county, state and ZIP Code) STANLEY ASSOCIATES INC 3101 WILSON BLVD STE 700 ARLINGTON, VA 22201-4445		10. DATED (SEE ITEM 11)	
CONTACT Jonathan Barker CODE 144202843		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS	
FACILITY CODE 99100		12. ACCOUNTING AND APPROPRIATION DATA (if required) 1900 - 2008 -- 19 X01130006 - CA - 1044 - 4220 ---- 2589 --- GAR25L --- 289900	
		\$400,000.00	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation. It is amended by one of the following methods: (a) By circulating Items 6 and 15, and returning copies of this amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)  
1900 - 2008 -- 19 X01130006 - CA - 1044 - 4220 ---- 2589 --- GAR25L --- 289900

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THE CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in pricing, off 26, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Increase Funding

E. IMPORTANT: Contractor ☒ is not ☐ is required to sign this document and return copies to the contracting officer.

14. DESCRIPTION OF AMENDMENT/MODIFICATION: (Organized by UOP section headings, including solicitation/contract subject matter where feasible.)  
The purpose of this modification is to Increase funding by \$400,000.00. The previous order total was \$1,000,000.00. The new order total is \$1,400,000.00.

Except as provided herein, all terms and conditions of this document referenced in Item 9A or 10A, as hereafter changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) CORNELIUS PITTS
15B. CONTRACTING OFFICER	15C. DATE SIGNED 09/10/2008
(Signature of person authorized to sign)	15C. DATE SIGNED 09/10/2008

NSN 7540-01-162-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA FAR (48 CFR) 83.243

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary		Contract Number: SAQMMA08D0051		Order Number: SAQMMA08F4260		Title: Stanley Task 4		Total Funding Change: \$400,000.00		Date of Order: 03/10/2008		
Line Item No.		Description				Quantity		Unit	Unit Price		Total Cost	
		Provide incremental funding in the amount of \$400,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 4 as follows:										
001		Base year for Passport Services Domestic Support Contract No. SAQMMA08D0051 period of performance through March 19, 2009 for task 4 Architectural Design Support for Passport Services Facilities, CLIN No. 0006 Doc Ref No: 1044805089 Taxes Included: Delivery Date (Start to End) Date FOB: Destination 03/20/2008 03/20/2008 to 03/19/2009 Funding Information: Accounting Ref: 1044805089 Original Total: \$1,000,000.00 Change Total: \$0.00 \$1,000,000.00 Accounting Ref: 1044805089 Original Total: \$0.00 Change Total: \$350,000.00 \$350,000.00				1.00 0.00 1.00		LT	\$1,000,000.00 \$350,000.00 \$1,350,000.00		\$1,000,000.00 \$350,000.00 \$1,350,000.00	
002		Travel (CLIN 0007)  Doc Ref No: 1044805089 Taxes Included: Delivery Date (Start to End) Date FOB: Destination 08/29/2008 Funding Information: Accounting Ref: 1044805089 Original Total: \$0.00 Change Total: \$50,000.00 \$50,000.00				0.00 1.00 1.00		LT	\$0.00 \$50,000.00 \$50,000.00		\$0.00 \$50,000.00 \$50,000.00	
		GTM for this effort: Jim Stanley										

## Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AD-1044805089-0321200810305892/stanley/March2008.pdf	03/21/2008	0

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01INV Invoice Instructions

12/21/2007

**Instructions for invoice payment:**

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State  
Global Financial Services  
Attn: Office of Claims (RM/GFS/F/C)

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Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-177 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

(end of clause)

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